I. POLICY

In the event of a widespread emergency affecting operations of some or all of the Johns Hopkins Institutions, the Institutions have adopted emergency plans to guide the institutional response to the specific situation, and the extent to which a particular situation constitutes an emergency will be determined with reference to those Institutional policies and plans. This Disaster Planning Policy and Procedures is intended to augment existing plans that are applicable to the institutions affected, focusing specifically on Residents/Clinical Fellows in graduate medical education programs sponsored by The Johns Hopkins University. The Institutions are guided by the following principles:

1. The University is committed to ensuring a safe, organized and effective environment for training of its Residents/Clinical Fellows;
2. The University recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a disaster of any kind;
3. Decisions regarding initial and continuing deployment of postdoctoral trainees in the provision of medical care during an emergency will be made taking into consideration of the importance of providing emergency medical care; the continuing educational needs of the trainees; and the health and safety of the trainees and their families.

II. TIMELINE

A. Upon the occurrence of the emergency situation and immediately following up to 72 hours:
   1. Residents/Clinical Fellows will be deployed as directed by the leader of the Incident Command Center (see Attachment). Ongoing decision-making regarding deployment of trainees to provide needed clinical care will be based on both the clinical needs of the institution and the safety of residents/clinical fellows.
   2. Those involved in making decisions in this period are:
      a. Leader of Incident Command Center
      b. Department Directors
      c. Vice President for Medical Affairs
      d. Vice Dean for Education
      e. Designated Institutional Official (DIO) and Associate Dean for Graduate Medical Education

3. To the extent possible within the constraints of the emergency, decision-makers shall inform and consult with the General Counsel’s Office representative, training program directors, the President of the House Staff Council, and the President of the Clinical Fellows Council.

B. By the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:
   1. An assessment will be made of:
      a. the continued need for provision of clinical care by trainees; and
      b. the likelihood that training can continue on site.
   2. The assessment will be made by:
Subject
Disaster Policy

C. By the end of the second week following the occurrence of the emergency situation, if the emergency is ongoing:
1. The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training;
2. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at Johns Hopkins;
3. The DIO will contact the ACGME to provide a status report, and
4. Those involved in decision making in this period are:
   a. DIO and Associate Dean for Graduate Medical Education
   b. Assistant Dean for Graduate Medical Education
   c. Individual Program Directors
   d. Individual Department Directors
   e. General Counsel's Office representative

D. During the third and fourth weeks following the occurrence of the emergency situation, if the emergency is ongoing:
1. Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate;
2. Transfers will be coordinated with ACGME;
3. Johns Hopkins Program Directors will have the lead responsibility for contacting other program directors and notifying the DIO and the Assistant Dean for ACGME Compliance of the transfers; and
4. The DIO and the Assistant Dean for Graduate Medical Education will be responsible for coordinating the transfers with ACGME.

E. Continuation of financial support in the event of a disaster will be dependent on the short-term and long-term impact on each program and the institution overall.
1. For residents/clinical fellows temporarily relocated to an affiliated training site, JHU will work with the site to maintain salary and benefits.
2. For residents/clinical fellows assigned to a program at another institution:
   a. JHU will work with the Hospital, HSCRC and/or CMS and the receiving institution to provide commensurate salary through the end of the current academic year. Some benefits (e.g. health insurance, professional liability coverage, etc.) may need to be coordinated with the temporary training site if located a significant distance from Baltimore.
   b. As soon as possible prior to the end of the PGY contract, the program will inform the resident/clinical fellow of their status within the program for the next academic year.
   c. If the JHU program closes permanently, some transitional funding may be provided by JHU to the accepting institution.
   d. If the program is not permanently closed, but a resident/clinical fellow decides to permanently transfer to another institution, the costs of salary, benefits, and professional liability coverage will be the responsibility of the accepting institution as of the effective date of the transfer.

F. When the emergency situation is ended:
1. Plans will be made with the participating institutions to which residents/clinical fellows have been transferred for them to resume training at Johns Hopkins;
2. Appropriate credit for training will be coordinated with ACGME and the applicable ACGME Review Committees.